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The Elderly and the Family in Developing Countries

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The views expressed in this paper are those of the author and do not necessarily reflect those of the United Nations Secretariat.

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Introduction

The General Assembly, in its resolution 44/82 of 8 December 1989, proclaimed 1994 as International Year of the Family (IYF) and invited all Governments, specialized agencies, intergovernmental and non-governmental organizations concerned, as well as interested national organizations, to exert all possible efforts in the preparation for and observance of IYF and to cooperate with the Secretary-General in achieving the objectives of IYF.

In response to that resolution and as a contribution to IYF the International Institute on Ageing (INIA), in Malta, supported by the IYF secretariat, conducted the present study in developing countries on the role and obligations of the family in providing support to the elderly and in preserving their dignity, status and security.

It is well recognized that the dramatic increase in the number and proportion of older persons has been one of the most significant developments of the twentieth century. The developing countries may experience the most intense ageing trends during the period 1980-2025. Projections suggest that despite their currently young populations, those countries will contain the vast majority of the world's older persons after the turn of the century. Within the elderly population itself, the older age groups are expected to show even faster growth, namely, a sevenfold increase from 1950 to 2025.

Socio-economic trends and the decline in fertility and mortality accompanying the ageing of populations are affecting the family both positively and negatively. In addition, urbanization, modernization, industrialization, migration and the increasing participation of women in the labour force are also greatly modifying the traditional role of the family.

The present study provides information on the changing role of the family, the extent and causes of such change and its implications on the aged at the individual as well as the societal levels and in terms of the socio-cultural, economic, functional and environmental consequences.

One of the major policy questions examined in this study is whether the goal of providing services for the ageing should be to support the older person in the context of the family, as well as through informal social networks. Another policy question is whether policy makers should aim at keeping older individuals in their familiar environment as opposed to focusing on their care requirements in isolation. The question of older persons and their roles in the family is also examined in this study, as those roles are increasingly being redefined.

I. Demographic considerations

Demographic factors have been important determinants in the sweeping changes experienced by the family in developing countries. Declining fertility, coupled with the increased rate of survival has resulted in an increase in the relative burden placed on family members in supporting the elderly. Even in regions where cultural norms of caring for the ageing remain strong, the physical capacity of the family to provide such care has been weakened. The fall in the birth rate has begun to accelerate in many developing countries and, by the twenty-first century, it will be common for many elderly persons to have few or even no children to care for them in old age. The role of the elderly within the family will be modified, and the traditional role of the family itself in providing services and security to the elderly will be severely affected. Shifts from extended to nuclear families imply the loss of older persons' roles as heads of families, and thus of their decision-making functions and financial responsibilities. Such changes will have a net effect of marginalizing the ageing and removing them from the mainstream of development, weakening their traditional sources of material support and eliminating purposeful social and economic roles.

Number, proportion and distribution of older persons

The dramatic increase in the number and proportion of aged persons has been a significant development of the twentieth century. According to United Nations projections, the total number of persons aged 60 or over in the world population will increase fivefold, from 214 million to 1.2 billion, between 1950 and 2025. Concurrently, their proportion of the global population is expected to increase from 8 to 14 per cent. It is also projected that the developing countries will experience the most intense ageing trends during the period 1975-2025. Despite their current youthful populations, those countries will contain the vast majority of the world's older persons after the turn of the century. Within the elderly population itself, the older age groups are expected to show even faster growth, from 15 million in 1950 to 111 million in 2025, a sevenfold increase.

While the developing countries accounted for 52 per cent of the world's 347 million persons aged 60 or over in 1975, they are expected to contain 72 per cent of all older persons by 2025, with their older population increasing from 180 to 806 million persons. Similarly, in 2025, the developing regions will account for 75 per cent of all persons aged 60 to 69, 69 per cent of all persons aged 70 to 79 and 60 per cent of persons aged 80 or over.[1]

The Asian and the Pacific region is the world's most populous one. According to United Nations estimates, over 2.5 billion persons, 55 per cent of the global population, lived in that region in 1980. Of that figure 170 million persons were aged 60 or over, or 45 per cent of the world's elderly. Projections indicate that by 2025 the region will account for 4.3 billion persons, or 52 per cent of the world's population, of which 623 million persons will be aged 60 or over, or 56 per cent of the world's elderly. China and India, the region's most populous countries, are projected to account together for over 33 per cent of the global population and 38 per cent of all elderly persons by 2025.[1]

While marked trends towards ageing population structures characterize a significant portion of the Asian and Pacific region, some countries will remain youthful throughout the 1980-2025 projection period. According to the categorization of countries used by the United Nations, which is based on the timing of significant fertility decline, the Asian countries fall into the category of "late initiation", that is, countries where fertility decline began between 1950 and 1990.[2] This indicates that, in 1970, the population of all Asian countries under consideration in this report could have been characterized as fairly young, with less than 4 per cent of population aged 65 or over. Transition to lower rates of fertility and mortality underlying population ageing has occurred, or is projected to occur. There are and will be considerable variations in the timing and

rate of change in the countries and territories in Asia. China, Singapore, Sri Lanka and Thailand, for example, moved to the "youthful" category in 1990 when the ageing population accounted for 4-6 per cent of their populations. Further reclassification of Asian countries is expected, owing to a continuing decline in fertility and improvement in life expectancy by 2010. Three countries (China, Sri Lanka and Thailand) will "mature" and register as aged more than 7 per cent of their populations. Singapore will join the "aged" societies, as 10 per cent of its population will be 65 years of age or older. A relatively modest decline in fertility has been projected for India, Indonesia, Malaysia and the Philippines; consequently, their populations will remain youthful through 2010.

Projections for Asia indicate that the dominant trend over the next 35 years will be the ageing of the population. Asian countries' populations will mature considerably by 2025, with the percentage of the aged ranging from 7.7 to 20.6 per cent in Singapore and 12.6 per cent in Thailand. The countries of the region have experienced a rapid increase in the absolute number of the elderly population and in their elderly support ratios. Those findings have either been overlooked or given low priority by most of the Governments in that region because of the daunting task of providing for the needs of young populations. It can be expected, however, that the continued growth in numbers of the elderly will be increasingly difficult to ignore as it will create demand for new services and affect the allocation of resources by Governments.[3]

The United Nations projections for the period 1980-2025 indicate that Africa will experience one of the largest increases in numbers of persons aged 60 or over of any region. It is estimated that its older population will increase by a factor of 4.4, from 22.9 million in 1980 to 101.9 million in 2025 - a larger increase than that projected for its total population. Another distinguishing feature of the ageing situation in Africa is that the older segment of the population will remain primarily rural in coming decades. Recent projections indicate that approximately 64 per cent of the elderly in Africa will live in areas defined as rural in the year 2000, compared with 58 per cent of the total population. It is necessary to note here that the chronological age of 60 used in the present report to demarcate the beginning of old age does not necessarily correspond to cultural conceptions of old age in Africa. The lack of vital statistics in many areas accords with the frequent finding that persons do not know their chronological age exactly; they refer instead to a "social age", according to which a person may be considered old if he or she has become a grandparent or has amassed a level of knowledge or leadership associated with old age. Also, in regions where life expectancy is low and where malnutrition, disease, high rates of childbirth and adverse working conditions contribute to premature ageing, the cultural definition of old age may refer to a relatively young age group, compared with perceptions in developed countries.

The distinctive demographic features of Latin America are its high level of urbanization, the highest among all developing regions, and the current youthfulness of its population. In 1980, the United Nations estimated that 65.4 per cent of its inhabitants lived in areas classified as urban, and nearly 40 per cent of its population was aged 14 years or younger. Projections for coming decades indicate increasing urbanization, with 75.7 per cent of the total population and 78.6 per cent of the population aged 60 or over living in urban areas by the year 2000. At the same time, the region's age structure is expected to become less youthful. According to United Nations projections, persons aged 60 or over will increase from 6.4 to 10.8 per cent of the total population between 1980 and 2025. Rapid shifts towards ageing population structures are expected in a number of countries, particularly in the Caribbean and temperate South American subregions. The regional projections thus mask great heterogeneity in ageing trends at the national level.

As to the number of persons aged 60 or over, significant increases are projected for Latin America during the period 1980-2025. While an estimated 8.2 per cent of the total world population and 6.2 per cent of the total elderly population lived in the region in 1980, those proportions are expected to increase to 10.6 per cent and 8.3 per cent respectively by 2025. The region's two largest countries, Brazil and Mexico, ranked sixteenth and twenty-fifth worldwide in terms of the number of elderly in 1950. By 2025, it is predicted that Brazil will rank sixth, with its elderly population increasing by 24.4 million persons, and Mexico will rank ninth, with

an increase of 13.9 million elderly. A survey of Latin America confirms that in Brazil, those aged 60 or over represent the fastest growing age group in the population. It is projected that there will be an increase of 105 per cent in this age group in the last two decades of this century, and of more than 130 per cent in the first quarter of the twenty-first century. By 2025, it is projected that Brazil will have the sixth largest elderly population in the world, representing 14 per cent of the total population of the country.[4]

For the region as a whole, a fourfold jump is forecast in the group of persons aged 60 or over. That age group is expected to increase from 23.3 million persons in 1980 to 93.3 million persons in 2025. At the subregional level, an increase of 5.7 million older persons is forecast for the Caribbean during the same period, an increase of 18.7 million for Central America, an increase of 5.8 million for temperate South America, and an increase of 39.7 million for tropical South America.* The largest factors of increase in the population aged 60 or over are thus expected in Central America, ranging from 4.3 for Panama to 5.6 for Honduras, and in tropical South America ranging from 3.7 for Bolivia and Suriname to 6.4 for Venezuela.

The growth of age groups within the elderly population in Latin America is also projected to increase. Brazil and Mexico, for example, will experience the largest increases in numbers of persons in the age group 70 or over; 10.2 million for Brazil and 5.4 million for Mexico, between 1980 and 2025. In the region as a whole, an increase of 28.5 million persons aged 70 and over is foreseen for the 1980-2025 period; 2.2 million in the Caribbean, 7.3 million in Central America, 2.8 million in temperate South America, and 16.1 million in tropical South America.

One of the most typical demographic features of the east and central European countries is the increasing number and percentage of the elderly in the general population structure. At the end of the 1980s, for example, the elderly of Bulgaria, 60 years of age or over, constituted 19.2 per cent of the total population; in Poland and in Russia that figure was 15.3 per cent; and in Ukraine, 17.9 per cent. It is projected that the percentage of older persons in this region will increase 1.6 times between 1990 and 2025.

In brief, looking at the changes projected for the distribution of the elderly population by regions of the world, a marked shift towards less developed areas can be seen. In 1950, about 40 per cent of all persons aged 60 or over were living in Europe, North America and the former Union of Soviet Socialist Republics, with an additional 25 per cent in South Asia and 23.6 per cent in East Asia. With the exception of a transitory dip in the percentage in South Asia, this regional breakdown remained constant until 1975.

By 2025, however, this configuration is expected to have changed significantly, as the rates in more developed countries decrease and those in developing countries greatly increase. Between 1975 and 2025, the proportion of the elderly living in Europe, North America and the former Soviet Union is expected to decline to approximately 25 per cent, while the proportion living in East and South Asia may jump from 48 per cent to over 57 per cent. Concurrently, the proportion in Africa and Latin America together is expected to increase from 11 per cent to over 17 per cent. Throughout the period 1950-2025, the elderly population of Asia will be increasing; nearly 50 per cent of the world's elderly population lived in this region in 1950, and it is projected that almost 60 per cent will be living there by 2025. This shift in the distribution of older persons from developed to developing countries is emphasized by differential rates of increase in their 60 or over populations. For example, while the number of elderly persons in Bangladesh, Brazil, Mexico and Nigeria are expected to increase by factors of 6.5, 15, 13 and 12, respectively, between 1950 and 2025, the 60 or over population of Germany is expected to increase by a factor of only 2, and that of Italy by a factor of only 2.8 during this same period of time.

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*Temperate South America includes Argentina, Chile and Uruguay; tropical South America includes Bolivia, Brazil, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname and Venezuela.

Age structure and gender balance

Although the increasing number of the elderly is often associated in the public mind with improvements in life expectancy, demographic analysis shows that declining fertility is the most influential factor in the ageing of populations, with decreases in mortality playing a secondary role.

At the regional level, Africa is still characterized by high rates of fertility and mortality, and a low life expectancy at birth, although improvements have been registered over the past several decades. Crude death rates are at the level of 16 per 1,000 population or higher in the majority of countries during the 1980-1985 period. Crude birth rates are registered at the very high level of more than 40 per 1,000 population during the same period, producing an age structure in which over 40 per cent of the region's population is under 15. Life expectancy in many countries of the region remains under 50 years.

For the developing countries of the Asian and the Pacific region the transition to the lower levels of mortality and fertility, which underlie the ageing of populations, has occurred or is projected to occur during the period 1950-2025. It should be noted, however, that there is considerable variation in the timing and rates of decrease in various countries of this region.

Latin America's currently youthful age structure is a product of the improvement in mortality recorded since the Second World War, in association with continued high levels of fertility in most countries of the region. Life expectancy at birth, in the majority of countries, is at the level of 70 years or more and this trend is expected to improve in all but two of the region's countries (Haiti and Bolivia) by the year 2025.

The average life expectancy in the eastern and central European countries is much lower than in most developed countries of the world. In 1990, the life expectancy at birth was 69 years for Russia, 70 years for Hungary, 71 years for Bulgaria, Belarus and Ukraine, 72 years for Czechoslovakia and Poland, as compared to 76-77 years for Italy, Netherlands, Norway, Spain and Sweden.

As to the sex composition of the elderly population, the preponderance of women over men is characteristic of the elderly population which now has particular significance for the more developed regions. Also, evidence indicates that, in these regions, sex imbalance increases with age. In the case of developing regions, United Nations estimates show that the numbers of men and women are more balanced.[1] The markedly higher life expectancies for women in the more developed regions, and the relative parity between the sexes in developing areas, may be explained by such factors as high maternal death rates and high levels of infant mortality.

Urban/rural distribution

Another important phenomenon of the twentieth century is the dramatic increase in the number and proportion of persons living in urban areas. It is estimated that in 1900 there were only 218 million persons living in urban areas or 13.6 per cent of the world's total population. In 1980, this number had increased to 1.8 billion with an increase of proportion to 41.3 per cent. A recent United Nations report projected that the urban population of the world may reach 2.85 billion by the year 2000 and 4.93 billion by 2025.[5] This growth of urbanization is expected to continue, particularly in the developing countries, but at a slower pace owing primarily to projected decline in total population growth.

Within the developing countries, Latin America, by far, was the most urbanized region in 1980, at 65 per cent, which is projected to reach 75 per cent by the year 2000. Southern Asia was the least urbanized region in 1980 at 22 per cent, and it will remain the least urbanized by the end of the century, at 35 per cent. Africa was 29 per cent urban in 1980 and will increase to 45 per

cent by the year 2000. Asia as a whole will increase from 27 per cent urban in 1980 to 39 per cent by the end of the century.[5] For the period 1960-1990 urbanization progressed in all eastern and central European countries, although unevenly. For example, the percentage of urban population increased by 30 to 40 per cent in Poland, Russia and the Ukraine, and by 60 to 65 per cent in Romania and Hungary and by 75 to 85 per cent in Bulgaria and Yugoslavia and its former republics.

The intensification of efforts of the developing countries to achieve accelerated development through industrialization has resulted in pushing agricultural labour cityward, curtailing rural growth and the capacity of the urban centres to absorb labour. This rural to urban migration has accelerated in developing countries during the past decade, even when job opportunities in the cities were limited. Rapid urbanization, accompanied by rapid population growth and scarce resources, has contributed to a state of diminished returns and to chronic and acute urban problems. Squatter settlements and shanty towns are mushrooming in the developing countries. In many cities, 40-50 per cent of the people live in slums or squatter settlements, some of which have been growing at rates of up to 20 per cent per year. Newcomers to the city, predominantly poor, tend to settle in shanty towns as squatters in home-made, makeshift living quarters in areas usually devoid of even minimum urban amenities such as electricity, water, sewerage and transport (Shuman, 1991). Many studies on the subject concluded that the inhabitants of such blighted residential areas are the poorest elements of their respective populations, characterized by limited literacy, low occupational skills and inadequate preparation for urban life. Such problems, in both developed and developing countries, remain chronic and, in some cases, become acute and unmanageable.

Looking at the global trends of urban-rural distribution of older persons, a small majority in 1980 (53 per cent) of the world's elderly population lived in rural areas, according to United Nations estimates. However, these estimates indicate that by the year 2000 there will be a preponderance of older persons in urban areas (55 per cent), with corresponding decreases in the size of the population of rural elderly. Throughout the 1980-2000 period, elderly women appear more likely to reside in urban areas than their male counterparts, with 49 per cent of all women aged 60 or over living in urban areas in 1980 as opposed to 44 per cent of elderly males, and 57 per cent of all elderly females in the urban category in the year 2000, as opposed to 52 per cent of elderly males.[5]

As to regional trends in urban-rural distribution, the elderly of Africa tend more to live in rural areas than their counterparts in any other world region, and this segment of the population will remain primarily rural in coming decades. Recent United Nations projections indicate that approximately 64 per cent of Africa's elderly will live in areas defined as rural in the year 2000, compared with 58 per cent of the total population.

The elderly population of the Asian and Pacific region was estimated to be predominantly rural in 1980. However, comparison of projections for the year 2000 with the 1980 estimates suggests a trend towards urbanization of the elderly, although a substantial majority will continue to be rural in most subregions. In absolute terms, the projections indicate that the elderly population of the region will grow by 124 million persons between 1980 and 2000 and, of these, 69 million will be living in urban areas and 55 million in rural areas. The enormous numerical increases of the elderly, their projected distribution and the change in family structure suggest that the traditional support networks for the elderly have been weakened by age-selective migration and that service networks in both urban and rural areas will have to be greatly expanded during the coming few decades. Much more effort will have to be made in building up new infrastructures in rural areas as in strengthening urban-based resources.

The distribution of the older population in Latin America is reflected in the trend of its high level of urbanization, as noted above. Of persons in the age group 60 or over, 69.4 per cent were estimated to have lived in areas classified as urban in 1980. United Nations projections for the year 2000 show a continuation of trends towards urbanization. It is expected that 78.6 per cent of older persons will be living in urban areas in the region as a whole at that time.

II. Socio-economic implications of ageing populations

Recent worldwide economic trends have severely affected the well-being of peoples and the family, and profound and disruptive social changes have transformed the way people acquire their livelihood. Recent years for the majority of developing countries have been characterized by falling per capita incomes and standard of living. Rapid inflation and a severe slow-down in economic activities in the industrialized countries were transmitted to many developing countries. Such stress has been particularly acute in recent years where Governments have taken steps to reduce social costs as part of their efforts to bring their revenues and expenditures into balance, and implement structural adjustment programmes. In highly indebted developing countries, falling prices for export commodities, rising real interest rates and a rapidly growing debt service have led to a need for austerity programmes to restore conditions for sustainable growth. In Africa and Latin America, where the setback to economic growth has been most pronounced, unemployment and underemployment became more severe. Real wages fell as devaluations, wage restraints and inflation in many countries reduced purchasing power and resulted in shortfalls in national income. Many Governments were forced to reduce expenditures for essential social services, and real per capita spending for health, education and housing has declined.

In addition to this severe worldwide economic recession, in many developing countries the need for services is increasing with the spread of urbanization, migration, changing family and kinship support systems, and greater participation of women in the modern economy. But as economic decline in some countries is placing greater demands on the limited capacity of current public systems, Governments are seeking to maintain existing family support systems. Social welfare programmes in many developing countries emphasize the creation of income-generating opportunities for the poor, vulnerable, dependent and disabled. The family as a basic social unit has undergone profound changes, the most important of which are those related to family formation and fertility, and to the family as a system of support. As part of the process of rapid demographic and socio-economic change around the world, patterns of family formation and family life are continuing to undergo considerable change, altering the composition and structure of the family in many societies. The coming decades, as mentioned in chapter I, above, will be increasingly concerned with population ageing issues. Public and private sectors will be pressured to assume responsibility for some of the functions traditionally provided by the family. Within these economic realities, the socio-economic implications of ageing populations are worthy of further consideration.

As to the eastern and central European countries, the social and economic implications of the ageing of populations are compounded by the drastic political and economic changes in these societies. These countries following the path of market-oriented economies are going through a transitional period characterized by diverse features for each country which are affecting all segments in the population including the elderly. Political instability and economic recession or even crisis in the post-communist eastern and central European countries have led to changes in priorities particularly with regard to social programmes and to an impairment in the functioning of existing institutions responsible for the welfare of the family and the vulnerable groups within society.

Economic implications

There is increasing evidence that the ageing of populations can profoundly affect the socio-economic development of society as a whole. In this context, development denotes steady improvement in the quality of life of all population groups, in addition to being construed in terms of technological progress, capital formation and increases in per capita income. This concept accords with the International Development Strategy for the Third United Nations Development Decade, adopted by the General Assembly in its resolution 35/36, which defines the ultimate aim of development as "the constant improvement of the well-being of the entire

population on the basis of its full participation in the process of development and a fair distribution of the benefits therefrom". As mentioned earlier, evidence is accumulating that the ageing of populations can have a strong influence on the course of development, both in economic and social terms. When older persons retire and become economically inactive, their increasing weight in the population implies deteriorating ratios between the labour force and ageing dependants. Underlying the economic impact of the ageing process are changes in the ratio of the economically active dependent population. In this respect, for developing countries, special attention should be given to the significance of demographic change for agricultural productivity and rural economic conditions, since the impact of ageing processes in agrarian societies is in some cases intensified by extensive rural-urban migration of young people. Also, careful attention should focus on the effect of demographic change on family structure and accompanying shifts in the physical and financial capacity of family members to support older relatives.

In developing regions, to a growing extent, the trends in ageing dependency ratios are associated with increasing national expenditures for social security and social services, as well as higher financial burdens on the working population. In some rural areas, the economic impact of the ageing populations is heightened by the extensive out-migration of young people. In some cases, however, such as Africa, available evidence indicates that the magnitude of economic dependency is not greatly affected by the costs of supporting the ageing, because even in 2025 the weight of the ageing will be small within the overall dependency. Also, in East Asia, there is evidence that the fertility decline will compensate both for the increase in the numbers of the elderly and for the assumed greater costs of supporting them.

In brief, demographic ageing trends are currently associated with decreasing economic potential, in terms of such variables as growing age-dependency rates, government expenditures for social security, tax rates for the economically active, reduced labour productivity and increased need for government support of families caring for the ageing. Many of these impacts are shaped by socio-economic policies as well as by quantitative changes in population structure.

Social implications

As to the social implications of population ageing, it should be recognized, from the outset, that the social component of development encompasses the equitable distribution of the benefits of economic growth to all sectors of the population and, even more broadly, the improvement of the intangible social, cultural, psychological and political factors shaping the quality of life. Elements of social development thus include the promotion of human dignity, of social equity in access to goods and services, and of participation in the process of development.

In this respect, there is evidence that the older sector of the population is not sharing equitably in the process of development and may be negatively affected by the modernizing, industrializing and urbanizing trends accompanying development. As the older population grows, in both relative and absolute terms, social development issues impinging on this population group are becoming more acute.

Furthermore, demographic factors, specifically the decline in fertility and mortality accompanying the ageing populations, are affecting major social institutions such as the family. Because the availability of children will decline and the survival of older members will increase, the burden placed on family members in supporting the elderly will increase. Thus, even in developing regions where the cultural norm of caring for the ageing remains strong, the physical capacity of the family to provide such care will be weakened. In turn, this situation has significant economic implications, for a reduction in family resources will be accompanied by an increased need for public services, both to strengthen the economic capacity of the family to perform its caretaking role and, where necessary, to substitute the traditional family support.

Available data on the social implications of the ageing populations indicate that the changes in value structures and upheaval which accompany the development process in many cases work to undermine the status and material security of older persons. Increasing marginalization is resulting from loss of traditional roles, authority, opportunities for productive work and family support. As the proportions and numbers of the ageing in the total population grow, there is a danger of an overall lag in social development, in the sense of inclusion of all population groups as participants and beneficiaries of economic, social, political and cultural progress. Analysis of these issues leads to the suggestion that promoting the active participation of ageing persons in all areas of community life is as important for equitable social development as for enhancing the productive potential of society.

III. The role of the family in the care of the elderly

There is no doubt that family ties are particularly salient for the aged. Indeed, older people rely on the family bonds of affection and obligation to make up for the shortcomings in society's provisions for their well-being. Kin can function as important resources for the elderly, meeting health or financial needs with services, gifts and monetary contributions. They can provide affection and companionship at a time when the older person's social network may be circumscribed by infirmities and budget restrictions.[6]

In most developing countries, the predominant form of the family is the extended family where reciprocal obligations felt by family members for one another arise from strong kinship bonds. This extended kin regulates the relationships of older persons to their children, grandchildren, aged parents, siblings, cousins, in-laws, and other peripheral kin by blood or marriage. Extended kin usually display cohesiveness transcending generational, geographical and socio-economic differences.

In the traditional extended family, the ageing enjoy high prestige as custodians of morality and, as family heads, they enjoy honour and exercise some degree of authority over younger family members. As long as they are physically able, they also contribute to productive work. Within this type of family, the elderly thus enjoy a sense of belonging, as well as emotional and physical security.

Changing family structure and roles

The extension of the family over time from two and three to four and five generations, all living at the same time, is one of the fundamental correlates to individual ageing in present day societies. Increasingly, the generation survives beyond the sixth or seventh decade of life. Persons in their fifties may have living parents and grandparents, carrying the role of child and grandchild, while at the same time being parents and grandparents themselves.

An added complexity to this extension of the family over time is its increased extension over space through increased migrations and mobility of populations on intra- and international levels. This is particularly true of the younger age group in search of occupational, educational and economic opportunities.

From a regional perspective, countries of the Asian and Pacific region have begun to experience significant changes in their age structure as they move from conditions of high to lower levels of fertility and mortality. As a result, the number of children being added to the base of the age pyramid has been decreasing while the improved life expectancy has resulted in more people surviving to the older ages. The extent to which this transformation of age structure has proceeded varies across countries in this region.

While emotional ties and mutual support among family members remain strong in developing regions, it is clear that demographic change will increasingly affect the capacity of the family to continue its care-giving role. Most salient is the reduction in the birth rate and the resulting decrease in the number of children available in a family to care for ageing parents. The fall in the birth rate is now beginning to accelerate in many developing countries. By the twenty-first century, it will become common for many older persons to have few or even no children to care for them in old age.

There is also increasing evidence that trends towards urbanization and industrialization are transforming the structure of the extended family, although it continues to function in traditional ways in rural areas. Socio-economic factors tending to weaken this family framework include out-migration from rural areas (reported from the African region), the small size of urban housing

units (reported from the Latin American region), as well as international migration and the increasing tendency of women to join the labour force (reported from the Asian and the Pacific region). For the eastern and central European region, as indicated above, the collapse of communism and the struggle to adjust to a market-oriented economy are adversely affecting the structure as well as the traditional role of the family.

Today's potential care-givers are faced with options and opportunities that were not available to previous generations. Educational attainment in particular has opened more opportunities to improve their status, mainly through increased involvement in income-generating activities. Participation in these extra-familial activities directly benefited women and fundamentally altered the structure of care-giving support to the older members of families.

Migration

Closely associated with the increase in work participation is the migration from rural to urban areas. This widely observed shift of population from rural to urban settings has placed greater responsibilities on nuclear families and has denied many older persons the assistance they once received from extended family support networks. The opportunities in the countryside and the availability of services in the city lead to mass migration, the most severe being witnessed in Latin America. To a lesser degree, this has been the case in other developing regions. For Asia, not only have population movements increased in scale and complexity, the gender selectivity of migrants has likewise been gradually changing - more and more women in the region are reported to be migrating independently not only within the country but also internationally.

The adverse effects of the oil crisis, for example, led to a large pipeline of Asian workers to the Western Asian region. In 1981, there were 2.5 million Asians working in the region.[7] The industrialized countries of Asia also emerged as the new magnets in the 1980s. The demand for domestic helpers in Hong Kong and Singapore, and for other occupational groups dominated by women, further enhanced the participation of women in overseas employment.[8]

Despite their disadvantaged position, migrant women have become significant economic actors at the national and international levels. In 1988, women accounted for 78 per cent of registered migrants in Indonesia. In Sri Lanka, by the mid 1980s, women represented some 60-70 per cent of all Sri Lankan labour migrants.[9] A continuing study of Filipino immigrants to the United States of America has shown that migrant women have higher levels of labour force participation (68 per cent) than native-born white women.[8]

The debate continues over whether the benefits of labour migration outweigh the costs. Possibly the greatest benefit to migrants' countries of origin has been the massive flow of remittances, which have become the top foreign exchange earner in several Asian countries. In Sri Lanka, foreign remittances, largely from women working in the Arab States in the Persian Gulf area, were second only to tea as a source of foreign exchange.[9] Rising incomes through migrant remittances can provide more material support for the elderly. A village-based study in West Java found remittances to be essential to the welfare of many elderly villagers.[2] About 16 per cent of Filipino families receive income from abroad which accounts for 30 per cent of their total income.[10]

Non-economic consequences of labour migration have received relatively little attention although analysts surmise that the social and psychological effects on both the migrants and their family must be profound. Migration may have mixed consequences on the living arrangements and care for the elderly. Inasmuch as migration involves the young, there will be fewer care-givers left for the elderly. This is particularly true for many of the Asian countries where women, who are likely to be the preferred care-givers, are very mobile in both intra- and international migration. Evidence of neglect of the elderly on account of migration has not been established, but it remains to be seen whether or not the continuation of this trend, coupled with changes in

lifestyle, will eventually lead to the loss of an important source of care for the elderly and other members of the family. This is an important area that remains largely unexplored by researchers.

A number of studies carried out in rural areas of Africa,[11] Asia[12] and Latin America[13] repeatedly show that the villagers who migrate are, for the most part, young, male, single and better educated. The reduction of the agricultural labour force would normally be welcomed as a prerequisite to national economic growth. However, when migration from rural areas takes a steady toll of the young, able and more educated males over a period of years, the accelerating population decrease will have serious economic and social consequences for the remaining ageing rural population.

For the eastern and central European region the predominant trend of population migration from rural to urban areas, which was observed in the countries of this region prior to the transitional period, has been drastically reduced and has given way to intensive emigration flows, both from rural and urban areas, to destinations beyond the boundaries of these countries. This is resulting in destabilizing the family, particularly in respect of those migratory families who would have traditionally maintained their role in caring for their ageing members.

The family in urban areas

The above examples from different regions clearly indicate that, in the urban areas of developing countries, the extended family structure has often given way to the nuclear or conjugal family, consisting of a couple and their unmarried children sharing a dwelling. The ability of families to care for older relatives in the urban context is seriously impaired, with crowded housing, limited financial resources and the increasing employment of women. Although the proportion of one-person households remains low in developing countries, the average size of households in the majority of Asian and Latin American countries has been decreasing because of declining fertility levels and a reduction in the proportion of composite and extended households.

In Morocco, for example, it is reported that 49 per cent of households have more than five persons, 32.5 per cent of these families live with an average of two persons in a room, and only 4 per cent of households consist of one person and 8 per cent of two persons. This is also true of Brazil, where the majority of the elderly live with their children or grandchildren; 56 per cent live in multigenerational households, and only 12 per cent live alone, and those are mostly women.

As to the Asian and the Pacific region, a number of studies emphasize that a very small proportion of the Asian elderly live alone. Available data indicate that 2 per cent in Singapore to 8 per cent in Indonesia of those aged 60 or over live alone. In 1987, 3.4 per cent of those 60 years or over in China lived alone, while Sri Lanka registered a relatively high 7.6 per cent. For rural India, only 2 per cent of those 60-69 years old were living alone.[14]

Surveys in the 1980s reveal that more than half of the elderly in the Association of South-East Asian Nations are in intergenerational living arrangements; 68 per cent of those aged 60 or over in the Philippines; 77 per cent in Thailand; and 85 per cent in Singapore.[15] Such high levels of co-residence indicate that, in Asia, the elderly continue to live with and be cared for by the family. It is interesting to note that although Asian societies are going through a number of changes - fertility decline, economic transformations, increasing women's participation in the labour force, rising levels of education - these changes do not seem to have greatly affected co-residence levels. Even where fundamental changes have taken place, such as in Singapore, co-residence remains the norm. Data from the Philippines, Singapore and Thailand indicate a strong sense of moral obligation for children to care for their elderly parents instilled in them from an early age. Evidence also reveals that, for many families, affection and not simply obligation is the main driving force behind co-residential arrangements underscoring the importance of the quality of interpersonal relationships between generations.[16]

Available evidence suggests that in many developing countries the urban elderly are concentrated in slums and squatter settlements which are characterized by substandard housing, inadequate services and lack of sanitation. The living conditions in most urban areas of developing countries are not conducive for younger persons to care for their elderly. Such trends are multiplying the cases in which urban people, preoccupied by absorbing daily problems of modern life or suffering from material constraints, fail to fulfil their duties and obligations towards the old.

The family in rural areas

In rural developing countries, where the majority of the population lives, the predominant form of the family is still the extended family, consisting of a couple, married and unmarried children, grandchildren, collateral and other relatives, often living together in the same shelter or compound. In this traditional extended family, the ageing enjoy high prestige as custodians of village lore and morality, and exercise some degree of authority over younger family members, as headsmen, landowners and bearers of vital information on agriculture, artisanal skills, medicine, child-care and warfare. They enjoy a sense of belonging, as well as emotional and physical security. As long as they are physically able, they contribute to productive work in farming and in the household.

As mentioned above, in most developing countries, rural-urban migration has significantly affected the age structure, producing disproportionately high aged dependency rates in rural areas. The emigration of the young and the concomitant ageing of the rural population relate not only to family structure and provision of services by family members, but also to the serious economic and social consequences for the remaining family members. Draining the rural areas of the most dynamic and educated individuals, who have been raised, educated and trained at the expense of their families and the rural community, will inevitably depress the rural areas including the family and consequently decrease the ability of family members to provide for their elderly.

At the regional level, available evidence indicates that the extended family and community are ingrained in the social system of Africa's traditional agrarian societies, and they still constitute primary sources of care for the elderly. Examples from many African countries confirm that protection and care are not given to the elderly in a spirit of charity, but rather they stem from the roles, rights and obligations traditionally assigned to each age category within the social structure. In the case of North African countries, for example, bonds of family solidarity and values and respect for older persons are embedded in the Arab-Muslim culture, tradition and religion. Similarly, in almost all rural Africa, the male elders traditionally function as the heads of extended families, counselling in marital conflicts or family disputes, and socializing children and youth in the cultural norms and values of their society. At the same time older women have important domestic roles, teaching young girls a variety of skills and explaining social norms and taboos.

It has become clear to African observers that, although the relative weight of the elderly in the population will remain quite low, the rapid growth in the number of older persons and widespread social changes will weaken the traditional family and community support systems for the elderly, with age-selective increase in migration from rural areas and reduced opportunities for older persons to remain economically active.

Although the percentage of the ageing living in rural areas will most likely decline, more than 60 per cent will still be rural by the turn of the century. In numerical terms, the number of rural elderly in Africa is projected to increase from 7.5 million in 1980 to 27.7 million in 2000. The number of urban elderly, though growing at a faster rate, is estimated to reach only 15 million by the turn of the century.[1]

For Asia, the respect and care accorded to older persons by their families in traditional societies have been emphasized. Available evidence suggests that at the present time these

traditional forms of support remain largely intact in rural areas, where the majority of the elderly and of the population as a whole lives. Still, literature from some Asian countries notes that the effects of industrialization and modernization are beginning to be felt even at the village level; mass media such as television, radio and the press are becoming increasingly available, with the effect that the simple village society is changing into one of complex needs and wants. Increasingly, in many Asian countries, the gradual shift from an agrarian society to an industrial economy has affected traditional power structures. Throughout the region, migration among the young and urbanization are associated with shifts from extended family structure to nuclear families, with concomitant declines in the accessibility of care from the younger family members.

For Latin America, the most urbanized of the world's major regions, about 70 per cent of the elderly live in urban areas. As in other developing regions, the impact of rural migration and increased urbanization on the traditional extended family and its role as a care-provider for the elderly is of major concern, as this trend could lead to increased demand for costly State-based assistance. However, regional source materials consistently stress the patterns of reciprocal intergenerational support characterizing the traditional extended family in Latin America.

Effects of demographic change on the capacity of the family to support older persons

The influence of demographic change on the family, as mentioned earlier, will increasingly affect the capacity of the family to continue its care-giving role. The reduction in the birth rate and the resulting decrease in the number of children available in a family to care for ageing parents have serious implications on the capacity of the family to support older persons.

The increase in numbers of the extreme aged is another factor taxing the resources of the families as care providers. Linked to this is the increasing probability of families encompassing four or five generations. It is becoming exceedingly difficult for a middle-aged person to care for two generations of elderly relatives, in addition to carrying out the roles of parent and grandparent.

The two other major factors affecting the capacity of the family to support older persons are migration and the increasing participation of women in the labour force. Both of these factors are examined in more detail in other parts of this report.

Widowhood in later life

The last stage of the family life cycle, the marital dissolution and the new role of widowhood of the surviving partner, usually the wife, warrant special consideration in this study. Widowhood touches most ageing families and demands dramatic adaptations in the lives of survivors. Widowhood means the loss, reorganization, acquisition of social roles, and disruption of many social relationships.

The preponderance of widowed women among the elderly is a major factor affecting the availability of family support. The tendency of men to marry women several years younger than themselves and the longer life expectancy of women in many areas means that older women have a high probability of experiencing a long period of widowhood in later life. The loss of a spouse means loss of socio-economic support and companionship and makes older women vulnerable to poverty and social isolation.

Although loneliness is reportedly the greatest difficulty faced by widows, remarriage, in many societies, is not a commonly employed recourse. In most developing countries, marriage rates for older people are low, despite variations by sex and previous marital status. In many traditional societies, remarriage for older people is considered improper. Available data, however,

indicate that men are more likely to marry after the age of 60 than women, since they are not restricted by social norms to marrying older women.

Although older men have an easier time finding partners, they also may have more to gain from marriage than do older women. According to a number of studies on the subject, widowhood seems to be a more devastating experience for men, since so few husbands can expect to survive their partners. Widowers may suffer from greater social isolation than do widows,[17] since they do not only lose a companion, but they also experience a greater decline in kin interaction,[18] presumably because the wife typically maintains contact with family members and relatives.

Support systems: institutional vs. traditional

In major developing regions of the world, decreasing family size and increasing numbers of older persons, as well as other demographic and social factors affecting family structure, have given rise to formal institutions to share or take over some of the families' traditional responsibilities, and this trend is expected to continue. While these institutions are necessary and respond to a very real need, particularly for physical care, many studies indicate that none of these institutions has proven to be an acceptable substitute for the family in providing emotional, psychological and social support. The debate continues, however, as to the proper balance between the family and government assistance, and the appropriate means and ways of helping the family to continue to be responsive to the effective needs of its elderly members.

While the family provides the most important source of support for the elderly, there is growing recognition on the part of Governments of the special needs of this rapidly growing sector of the population. The commitment of Governments to address the rights and needs of this target group is reflected in their development plans, as in the case of India,[19] and even in their constitution, as in the Philippines.[20] However, even with the rapid growth of the number of elderly population, from the perspective of the planners who have to consider competing demands and limited resources, the elderly still represent a minority, and continue to be relegated to low government priorities.

In most developing countries, ageing is often viewed as a welfare rather than a developmental issue and, as such, in the design of welfare policies and programmes, the elderly are categorized together with groups of poor, disabled and victims of disasters.[19]

Institutional and non-institutional services for the elderly have been developed in many developing countries. The degree of development, however, is determined by available financial resources. For example, in the Philippines, geriatric clinics/hospitals are mainly urban-based. A programme of free medical care for those aged 60 or over is gradually being introduced in Thailand. In countries such as Singapore, however, medical services for the ageing are considered adequate.[19]

In many Asian countries, Governments have adopted a strategy to encourage the participation of the private sector in the provision of social services for the needy elderly. In India, for example, assistance for the needy elderly, who have no means of livelihood or support, is left to voluntary organizations and local bodies. Starting in 1983, the Government of India decided to give grants to voluntary organizations for services to the aged as well as grants-in-aid to voluntary agencies for a variety of services including health care, training and homes for the elderly.

To deal with its problems of ageing, China is currently considering five programme areas, namely, income security, medical care, educational services, leisure and opportunities for the elderly to make socially useful contributions.[21]

Senior citizens' clubs and committees have become favourite media for the elderly to interact with peers, articulate their needs, participate in volunteer work and to derive recreational and other services in Indonesia, the Philippines, Singapore and Thailand.[22]

For Africa, according to available evidence, the extended family and the community still constitute primary sources of care for the elderly, maintaining traditional responsibilities for providing them with necessary shelter, clothing, food and health care. However, from available statistics, it has become clear that health and social services should be targeted, in the next few decades, towards a primarily rural population of persons aged 60 or over. The service infrastructure will have to be strengthened in both urban and rural contexts to complement the family support and to meet the needs of growing numbers of the ageing. But as in other developing regions, the historically weaker service networks in rural areas should be a particular focus for policy makers. Furthermore, unless family and community traditions of mutual aid can be preserved and strengthened, a vast service infrastructure will be required in coming decades to replace and expand previous informal care-giving. With the current scarcity of economic resources, the lead times needed to develop social security systems, for example, providing universal coverage to the population and competing demands from a large population of youth, the socio-economic feasibility of creating such systems may well be questioned. Thus, maintaining and strengthening the resources of traditional care-givers, rather than creating new and costly institutions, are a central recommendation to African policy makers.

For the Asian and the Pacific region, there is strong evidence that respect, honour and care are accorded to older persons by their families in these traditional societies. In many cases, such attitudes are instilled through religious teaching, such as in Sri Lanka, where the extended family system is strengthened and nurtured by the Buddhist and Hindu cultures and religions. As indicated in the African and Asian contexts, care given to the elderly is reciprocated in many ways. In the extended family, grandparents play important roles in the socialization of children, teaching social values and moral codes, providing instruction in agriculture and artisanal skills, as well as giving care and affection. The support accorded to the elderly in return includes provision of shelter, financial help, clothes, food and nursing care.

For Asia, even with the variability in experience and action, one feature of ageing has remained largely similar across countries, that is, the reliance upon the family rather than governmental and institutional sources in the provision of care and support for the elderly. Similar conditions were reported in our survey for the African and Latin American regions.

Evidence shows the continued performance of the traditional role by the family, particularly in the Asian and Pacific region where urbanization was less intense than that of Latin America. But as with all other aspects of society, the family has not been immune from social and demographic changes. Family relationships have been put under great pressure by such changes. Owing to these developments and given resource constraints faced by their Governments, concern has been expressed on whether or not this system of care and support will be sustained in these developing regions.

Available information suggests that at the present time, in the Asian and the Pacific region, these traditional forms of support for older persons remain largely intact in rural areas, where, as in other developing regions, the majority of the elderly and of the population as a whole live. In urban areas, the impact of socio-economic change on social institutions, and thus on the availability of family care for the elderly, is felt very strongly. Urbanization is associated throughout the region with shifts from an extended family structure to nuclear families, with concomitant declines in the accessibility of care from younger family members, and the emergence of formal governmental substitute services.

In Latin America, regional source materials stress the patterns of reciprocal intergenerational support, characterizing the traditional extended family in this region. As in other developing countries, it is common for the elderly to share a common household with their adult children,

particularly in rural areas. In Costa Rica, almost 90 per cent of the elderly live with relatives and in Argentina three or more generations of rural families live in one household. However, as in other developing regions, trends towards urbanization and industrialization are reported to be weakening the family as a source of support for the elderly, particularly in urban areas

In a number of the eastern and central European countries such as Belarus, Bulgaria, Poland, Russia and Ukraine, the elderly traditionally take an active role in the life of their children. In contrast, the patterns of West Europe are followed more often in the Baltic States, Czechoslovakia and Hungary. In a 1987 investigation conducted in Poland, it was found that slightly over 25 per cent of elderly families provide material and financial support to their children. This especially applies to families in rural areas. The data of a Ukrainian study showed that elderly people in large towns provided more assistance and support to their children and their families than they received from them.

Despite the clear evidence that, in developing countries of the world, the family is still the major provider of support to the elderly, an important aspect of assistance where government is most visible is in the provision of social security. The degree and coverage of assistance and benefits, however, are determined by the level of development of each country. Examining the Association of South-East Asian Nations countries, Chen and Jones observe that there is a wide range in the coverage and benefits of pensions, superannuation or central provident fund schemes.[23] The level of coverage ranges from about 80 per cent of the labour force in Malaysia and Singapore to only 3 per cent in Thailand.

Gender in care-giving

As to the gender dimension of care-giving, it is indicated in the Asian and Pacific region[3] that in patrilineal societies, norms on care-givers are defined - parents live with their sons, and daughters-in-law are the care-givers. This custom persists in many countries of the region, even in highly urbanized Singapore. Changes in lifestyle, however, strained the family's ability to care for the frail elderly. Governments, therefore, are stepping in to provide amenities and services for the elderly. It is also possible that alternative care-givers will assume more important roles in the future. For example, the hiring of domestic helpers is already being practised by many families in Singapore to free women to work outside the home.[24]

While custom and tradition mainly determines the care-giving pattern among the Chinese and Indians in Singapore, for the Thai and Filipinos relational considerations were more important. The care-giver designate was an open-ended matter, that is, anyone among the children could fill the role. This was also found among the Singaporean Malay elderly.[16]

Another gender-related aspect of care-giving stems from the increasing longevity of individuals. Spouses are increasingly surviving together and the combined effect of younger age at marriage of women and their longer life expectancy has resulted in wives ending up as care-givers for their older husbands.[25] This is illustrated in a recent study of the elderly in Singapore which shows that the spouse is the main care-provider when the elderly are ill or in need of care. Close to half of the males reported their spouses as the care-giver compared to only 9 per cent for the female. As to the elderly female, close to 40 per cent are cared for by the son- or daughter-in-law.[26] A related finding in Malaysia shows that the main support for the elderly during their illness is their children, especially the "old-old". Most of the "young-old" either look after themselves or are looked after by their spouse.[27]

In brief, family care in developing regions generally means female care, as women are traditionally the main providers of services within the family. However, women's participation in the labour force, combined with demographic changes in family structure, is beginning to change the traditional support system for the elderly. In addition, because of sex differences in life expectancy, women are expected to outlive men by several years and thus create a situation

whereby those at the oldest ages and with the greatest need for care are far more likely to be female.

Spouses and children in developing countries are most often the primary, and in many cases the only, care-givers to the older members of the family. Due to the role of women as family care-givers, they are much more likely to be the major care-providers to older persons. A recent study has shown that, although male relatives may be equally likely to help with certain tasks, they are more likely to help when needs are intermittent, whereas women are more likely to help when consistent aid is required.[28]

Clearly, the ability of the family to care for older relatives is very much influenced by reproductive behaviour in conjunction with increased longevity. At the family level, it is easy for five children to provide a relatively reasonable environment in old age for one grandparent; it is less likely when three children still have two grandparents out of four. This effect of the demographic transition on ratios of surviving children to surviving parents implies an increasing need for public support to families caring for older relatives, even in areas where cultural values strongly uphold the responsibility of children to care for their parents.

The literature on care-giving is reported to be limited in its ability to describe fully the assistance given by family members to elderly relatives.[29] These limitations are due to the non-representative samples used and the reliance on cross-sectional studies. Without longitudinal data it is hard to put together a complete picture of family system changes, starting from before the onset of any care-giving crisis. Finally the viewpoint of the elderly must be incorporated in any intervention programmes.[30]

Conclusions and recommendations

The examination of the demographic trends and their implications on the ageing and their families in the present study is intended as input to policy makers responsible for drawing up development plans at the regional and national levels in developing countries. Knowledge of projected increases in numbers of older persons, and of their distribution by age, sex and place of residence, is vital for determining the necessary dimensions and structure of future health and social welfare services, family support, housing, employment opportunities and income security schemes for the ageing, particularly the most vulnerable among them, such as isolated widows, inhabitants of remote rural areas and frail very old persons.

At the same time, information about the changing weight of the elderly and other age groups in the population is crucial in considering issues, such as the allocation of societal resources among different age groups, deployment of the labour force and financing of services including income security schemes. This study reveals that, while ties and mutual support among family members remain strong in most areas of the developing regions, it is clear that demographic change will increasingly affect the capacity of the family to continue its care-giving role. Within this context, the present study considered the socio-economic implications of ageing trends, particularly as they affect the family as a support system to the elderly.

Decreasing family size and increasing number of older people, as well as other demographic and social factors affecting family structure, were discussed. The rising number of formal institutions that were established to share or take over some of the families' traditional responsibilities were examined. It was concluded that, while these institutions respond to a very real need, none has proven to be an acceptable total substitute for the family in providing psycho-social support.

The study gives particular attention to the increasing number of widowed women among the elderly and its effect on the availability of family support. The cultural and traditional tendencies of women marrying men several years older than themselves, and their longer life expectancy of women in many developing countries, mean that older women have a high probability of experiencing a long period of widowhood in later life, with loss of socio-economic support and increasing vulnerability to poverty and social isolation.

A common theme in the source materials of this study is a commitment to meet the individual needs of the elderly, to the greatest degree possible, within the context of their family and community. This principle is adhered to equally strongly among major developing regions of the world. In all the humanitarian spheres, health, housing, social welfare, income security, employment, emotional and psychological support, provision of services to the elderly through their families are a priority objective. Development of State-based schemes is considered appropriate only for those sectors of the elderly population which have lost their family support through widowhood, childlessness, extreme poverty or the destruction of war and natural disaster. In the regions of both Asian and the Pacific and Africa, in traditional agrarian societies the family group secured the financial, educational, social, psychological, emotional and cultural needs of all its members, through bonds of mutual aid and interdependence. In Latin America, although the family remains a primary source of support to the elderly, and the extended family continues to maintain its traditional role in rural areas, its structure is being transformed and weakened by the high degree of urbanization and rapid industrialization.

Because of the instrumental role of the family in meeting the needs of the elderly in developing countries, a central objective which emerges from the present study is to strengthen the resources of the family to permit it to remain a primary care-giver for the elderly, and to fulfil the needs of the elderly in the contexts of their families and communities. The ultimate goal, in this respect, is to enable the elderly to remain with their families and in their familiar

environment for as long as possible, to promote their independence and to give them the right to choose their own lifestyles.

At present, the eastern and central European countries are in an exceptional political, economic and social position. They cannot be defined as either "developing" or "developed" countries. They are a group of countries whose economies are in transition and who have common characteristics and tendencies as well as certain common socio-economic political and demographic structures. Any of the following recommendations should take into consideration the unique situation of this region and should be adjusted accordingly to respond to the specific needs of the family and their elderly.

Recommendations

The following recommendations should be considered within the framework of other international, regional and national strategies and plans. They are only a further elaboration of the recommendations and guidelines contained, *inter alia*, in the resolutions and decisions of the United Nations concerning the International Year of the Family, the International Plan of Action on Ageing[31] and its follow-up reviews and strategies, the World Population Plan of Action,[32] and the Nairobi Forward-looking Strategies for the Advancement of Women.[33] Furthermore, the study and its recommendations reaffirm the principles and objectives of the Charter of the United Nations, the Universal Declaration of Human Rights (General Assembly resolution 217 A (III), annex) and the Declaration on Social Progress and Development (General Assembly resolution 2542 (XXIV)). This study recognizes that, in suggesting recommendations, each country will deal responsibly with the question of individual needs of the elderly within the context of the family, on the basis of its specific national needs, objectives and capabilities. The family is widely recognized as a fundamental unit of society, and should be maintained, strengthened and protected, in accordance with the traditions and customs of each country. Its instrumental role in meeting the needs of the elderly should be supported to permit it to remain a primary care-giver. The International Institute on Ageing, in contributing this study to the Year of the Family, calls upon the United Nations to invite Governments of developing countries to take the recommendations into consideration in the formulation of their national plans and programmes.

Recommendations for international action

1. Recognizing the diversity in developing countries, with different political, economic, cultural and social systems, and at different stages of development, international meetings to exchange information and experience should be held on a regular basis to explore effective means of fulfilling the needs of the elderly in the context of their families and communities.

2. The United Nations should recognize the family as an important issue that deserves an identifiable unit within its system. The Secretariat of the Year of the Family has accumulated a wealth of experience, knowledge and information and should serve as the core of the above proposed entity.

3. The International Labour Organisation should encourage Governments to provide work opportunities to elderly workers, and to allow them to continue to participate in the process of development. Governments should also be encouraged to strengthen the coverage of their old age social security systems and the benefits of their pension schemes.

4. The United Nations, through technical cooperation, should promote social policies that strengthen and maintain family solidarity among generations.

Recommendations for policy

5. In order to respond effectively to the challenges of various factors changing the structure and form of the family, national Governments, as appropriate, are encouraged to adopt specific policies and programmes to support and strengthen the resources of the family to permit it to remain a primary care-giver for the elderly.

6. In developing policies, Governments should be advised to develop programmes that can effectively supplement and support families in their traditional roles without supplanting them. The ultimate goal of these policies and programmes should be to enable the elderly to remain with their families and in their familiar environment for as long as possible.

7. Policy makers are encouraged to ensure that all social and economic development policies are sensitive to the diverse and changing needs of families, and provide necessary support particularly to the most vulnerable of them. Promoting the independence of the elderly and their right to choose their own lifestyle should be the objective.

8. Governments are advised, in developing their national plans, to establish concrete policy measures and to provide a flexible range of options, taking into consideration the heterogeneity of the older population, the wide differences in their family status, their physical capabilities and income, as well as their own perceptions of need.

9. Governments should be encouraged to give support to the families caring for elderly members in the form of financial incentives, such as income tax deductions, special monetary assistance or subsidized housing.

10. Also, Governments should be encouraged to provide temporary relief to care-givers, and counselling services to help the family better understand the problems and needs of the ageing.

Recommendations for research

11. While emotional ties and mutual support among family members remain strong in developing countries, it is clear that demographic changes will increasingly affect the capacity of the family to continue its care-giving role. Governments and international organizations should monitor these demographic changes and, in particular, the United Nations should study, on a regular basis, the various factors affecting the family and its care-giving capacity, and disseminate this information to policy makers and planners.

12. Many social policies relating to the elderly have proven dysfunctional, tending to isolate older persons from their families. Serious research should be undertaken in this area to ensure a proper balance between the family and government assistance.

13. Studies should be undertaken to understand the changes in intergenerational relationships and their effect upon the role of the family as care-giver.

14. Studies should be undertaken focusing upon support systems for childless elderly, and widowhood in later life.

15. To assess the extent to which progress is being made in achieving the goals and objectives of family-related policies and programmes, a set of indicators should be developed.

Notes

[1]*World Population Prospects* (United Nations publication, Sales No. E.91.XIII.4).

[2]G. Hugo, *Population Mobility in West Java* (Yogyakarta, Gadjah Mada University Press, 1978).

[3]L. Domingo and M. Asis, "Living arrangements and the flow of support between generations", *Journal of Cross-Cultural Gerontology*, 1994.

[4]L. R. Ramos, R. P. Veras and A. Kalache, "Population ageing: a Brazilian reality", *Revista de Saude Publication*, vol. 21, No. 3 (1987), pp. 211-224.

[5]*World Urbanization Prospects 1990: Estimates and Projections of Urban and Rural Populations and of Urban Agglomerations* (United Nations publication, Sales No. E.91.XIII.11).

[6]J. Treas, "Aging and the family", *Scientific Perspectives and Social Issues*, J. E. Birren and R. B. Sloane, eds. (Englewood Cliffs, New Jersey, Prentice-Hall, 1975).

[7]Fred Arnold, *Asia's Labor Pipeline: An Overview* (Boulder, Colorado, Westview Press, 1986).

[8]Maruja Milagros Asis, "International migration and the changing labor force experience of women", paper presented at the United Nations Expert Group Meeting on International Migration Policies and the Status of Female Migrants, held at San Miniato, Italy, March 1990.

[9]F. Ealans, "Sri Lankan Women in the Middle East", paper presented at the United Nations Expert Group Meeting on International Migration Policies and the Status of Female Migrants, held at San Miniato, Italy, March 1990.

[10]Maruja Milagros Asis, "Between choice and circumstance: the dilemas of international labor migration", Quezon City, University of the Philippines, 1994.

[11]J. Gaude, *Phénomène migratoire et politique associée dans le contexte africain : Études de cas en Algérie, Burundi, Cameroun, Haute-Volta* (Geneva, International Labour Organisation, 1983).

[12]R. D. Singh, *Labour Migration and its Impact on Employment and Income in a Small Farm Economy* (Geneva, International Labour Organisation, 1983).

[13]P. Peek and P. Antolines, *Labour Migration in the Sierra of Ecuador : Causes and Incidence* (Geneva, International Labour Organisation, 1980).

[14]Kevin Kinsella, "Living arrangements of the elderly: a cross national data comparison", paper given at the International Conference on Population Aging, held at San Diego, California in 1993.

[15]L. Domingo and J. Casterline, "Living arrangement of the Filipino elderly", *Asia-Pacific Population Journal*, vol. 7, No. 3 (1992), pp. 63-88; and J. Knodel, Chayovan Napaporn and Siriboon Siriwan, "The familial support system of Thai elderly; an overview", *Asia-Pacific Population Journal*, vol. 7, No. 3 (1992).

[16]Domingo and Asis, op. cit.; Knodel, Napaporn and Siriwan, op. cit.; and K. Mehta and others, "Living arrangements of the elderly in Singapore; cultural norms in transition", *Journal of Cross-Cultural Gerontology*, 1994.

[17]W. Bock, "Aging and suicide; the significance of marital, kinship and alternative relations", *The Family Coordinator*, vol. 21, No. 1 (1972).

[18]F. Bernardo, "Social adaptation to widowhood among a rural-urban aged population", Washington Agricultural Experimental Station Bulletin, No. 689, reprinted in *Ageing, the Individual and Society: Readings in Social Gerontology* (New York, St. Martin's Press, 1967).

[19]United Nations, Economic and Social Commission for Asia and the Pacific, *Population Ageing; Review of National Policies and Programmes in Asia and the Pacific*, Asian Population Studies Series, No. 109 (New York, 1992).

[20]L. Domingo, "Government and non-government response to the issue of aging in the Philippines", paper presented at the Round Table on the Ageing of Asian Population sponsored by the Economic and Social Commission for Asia and the Pacific in collaboration with San Diego State University, held at Bangkok, 1992.

[21]C. Wu, "Ageing process and income security of elderly under reform in China", paper prepared for the Round Table on the Ageing of Asian Population, 1992.

[22]Ai Ju Chen and Paul P. L. Cheung, "The elderly in Singapore", country report of Singapore on the socio-economic consequences of the ageing of the population, prepared for the Phase III ASEAN Population Project, 1988.

[23]Ai Ju Chen and Gavin Jones, *Aging in ASEAN. Its Socio-economic Consequences* (Singapore, Institute of South-East Asian Studies, 1989).

[24]Mehta and others, "Living arrangements ...; and K. Mehta, "Women's role in family support system", paper given at the Workshop on Population Aging held at the National University of Singapore, sponsored by the Japanese Organization for International Cooperation on Family Planning, March 1994.

[25]M. Garrett, "International conference on population and development", paper given at the United Nations Expert Group Meeting on Population Growth and Demographic Structure, held in Paris, November 1992.

[26]Mehta, "Women's role ...".

[27]M. Yatim, "Population Aging in Malaysia", paper given at the Workshop on Population Aging held at the National University of Singapore, sponsored by the Japanese Organization for International Cooperation on Family Planning, March 1994.

[28]E. P. Stoller, "Males as helpers; the roles of sons, relatives and friends", *Gerontologist* (Washington, D.C.), vol. 30, No. 2, 1990, pp. 228-235.

[29]Gatz, Bengston and Blum, "Caregiving families", in J. Birrin and W. Schile, eds., *Handbook of the Psychology of the Ageing*, 3rd ed. (New York, Academic Press, 1990).

[30]*The Situation of Elderly Women* (United Nations publication, Sales No. E.91.XIII.12).

[31]*Report of the World Assembly on Aging, Vienna, 26 July-6 August 1982* (United Nations publication, Sales No. E.82.I.16), chap. VI, sect. A.

[32]*Report of the United Nations World Population Conference, 1974*, Bucharest, 19-30 August 1974 (United Nations publication, Sales No. E.75.XIII.3), chap. I.

[33]*Report of the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, Nairobi, 15-26 July 1985* (United Nations publication, Sales No. E.85.IV.10), chap. I, sect. A.

Bibliography

Anker, R. Female labour participation in developing countries. *In* International Labour Review, 122:6, 1983.

Arnold, Fred. Asia's labor pipeline; an overview. Boulder, Colorado, Westview Press, 1986.

Asis, Maruja Milagros. International migration and the changing labor force experience of women.
Paper presented at the United Nations Expert Group Meeting on International Migration Policies and the Status of Female Migrants, San Miniato, Italy, March 1990.

_____ Between choice and circumstance; the dilemas of international labor migration. Quezon City, University of the Philippines, 1994.

Asis, M. *and others*. Living arrangements in four Asian countries; a comparative perspective. Journal of Cross-Cultural Gerontology. 1994.

Atchley, Robert C. Social forces and ageing. Oxford, Ohio, Scripps Foundation Gerontology Center, Miami University, 1980.

Bengtson, V., M. Rosenthal *and* L. Burton. Families and aging; diversity and heterogeneity. *In* The handbook of aging and the social sciences. 3rd ed. New York, Van Nostrand Reinhold, 1990.

Benyaklef, M. Science, technology and society. *Institut National de Statistique et d'Economie Appliqué* 9 (1987).
United Nations Educational, Scientific and Cultural Organization publication.

_____ The elderly disabled and aging populations. *Bold* (Valletta, Malta), 1991.
International Institute on Ageing publication, 1991.

_____ Socio-economic statistics of population ageing. *In* International conference on population ageing. San Diego, California, San Diego University, 1992.

Bernardo, F. Social adaptation to widowhood among a rural-urban aged population. Washington Agricultural Experimental Station Bulletin 689.
Reprinted in: Ageing, the individual and society; readings in social gerontology. New York, St. Martin's Press, 1967.

Bezrukov, V. V. Self-care ability and institutional/non-institutional care of the elderly. *Journal of cross-cultural gerontology* 8:349-360, 1993.

Bezrukov, V. V. *and* N. N. Sachuk. USSR nations. *In* Developments and research on aging; international handbook. E. B. Palmore, *ed*. Westport, Connecticut, Greenwood Press, 1993.

Blay, S., J. J. Mari *and* L. R. Ramos. Validity of a Brazilian version of the older Americans resources and services mental health screening questionnaire. *Journal of the American Geriatrics Society* 36:687-692, 1988.

Bock, W. Aging and suicide; the significance of marital, kinship, and alternative relations. *The family coordinator* 21:1, 1972.

Bulgaria. Public health statistics annual, Sofia, 1991.

Chamie, M. Aging, disabilities and gender. *Bold* (Valletta, Malta), 1991.
International Institute on Ageing publication.

Chebotarev, D., N. Sachuk *and* N. Verzhikovskaya. Problems of health and position of the elderly in socialist countries of Eastern Europe. *Zeitschrift für Alternsforschung* 36:6:437-472, 1981.

Chen, Ai Ju *and* Paul P. L. Cheung. The elderly in Singapore; Singapore country report; Socio-economic consequences of the ageing of the population, 1988.
Prepared for the Phase III ASEAN Population Project.

Chen, Ai Ju *and* Gavin Jones. Aging in ASEAN; its socio-economic consequences. Singapore, Institute of South-East Asian Studies, 1989.

Cheng, Shanzhe. The income security of the aged in China, 1989.
Prepared for the Japan-China Workshop on Population Aging, Japanese Organization for International Cooperation in Family Planning, Tokyo.

Coleman, D. A. Contrasting age structures of Western Europe and of Eastern Europe and the former Soviet Union; demographic curiosity or labor resource? *Population and development review* 19:3, 1993.

Cowgill, Donald O. *and* Lowell D. Holmes, *eds*. Aging and modernization. New York, Meredith Corporation, 1972.

_____ The demography of ageing. Springfield, Illinois, Charles C. Thomas, 1970.

Domingo, L. Government and non-government response to the issue of aging in the Philippines.
Paper presented at the Round Table on the Ageing of Asian Population sponsored by the Economic and Social Commission for Asia and the Pacific in collaboration with San Diego State University, Bangkok, 1992.

Domingo, L. *and* J. Casterline. Living arrangement of the Filipino elderly. *Asia-Pacific population journal* 7:3:63-88, 1992.

Domingo, L. *and* M. Asis. Living arrangements and the flow of support between generations. *Journal of cross-cultural gerontology*, 1994.

Domingo, L. *and others*. Socio-economic consequences of the aging population; insights from the Philippines experience. Manila, Demographic Research and Development Foundation, 1990.

Dooghe, G. *and* J. Helander. Family life in old age. The Hague, Martinus Nijhoff Publishers, 1979.

Ealans, F. Sri Lankan women in the Middle East.
Paper presented at the United Nations Expert Group Meeting on International Migration Policies and the Status of Female Migrants, San Miniato, Italy, March 1990.

Fratczak, E. Living arrangements of the elderly in Poland; evidence from Polish retrospective survey 1988.
Paper presented at the European Population Conference, Paris, October 1988.

Fratczak, E. Population aging in Poland; selected aspects. Valletta, Malta, Comité International de Coopération dans les Recherches Nationales en Démographie, 1993.

Garrett, M. International conference on population and development, UN Expert. Paper presented at the United Nations Expert Group Meeting on Population Growth and Demographic Structure, Paris, November 1992.

Gatz, M., V. L. Bengston *and* M. J. Blum. Caregiving Families. *In* J. Birnen *and* W. Schile, *eds*. Handbook of the psychology of the ageing. 3rd ed. New York, Academic Press, 1990.

Gaude, J. Phénomène migratoire et politique associée dans le contexte africain; études de cas en Algérie, Burundi, Cameroun, Haute-Volta. Geneva, International Labour Organisation, 1983.

Habib, J. The aging process and its implications in Europe and the USSR. *European Journal of Gerontology* 1:3, 1992.

Hendricks, Jon *and* C. Davis Hendricks. Aging in mass society, myths and realities. Cambridge, Massachusetts, Winthrop Publishers, 1981.

Hluchanova, R. Mezigeneracní vztahy. *Demographia* 3:211-220, 1985.

Hugo, G. Population mobility in West Java. Yogyakarta, Indonesia Gadjah Mada University Press, 1978.

_____ Review of the population aging situation and major aging issues at local levels. New York, 1993. (Asian population studies)

Hulkko, J. Europe and the European family in the turn of the century. Helsinki, Population Research Institute, 1982.

Kalache, A., R. P. Veras *and* L. R. Ramos. Ageing of the world population; a new challenge. *Revista de Saude Publication* 21:3, 1987.

Kinsella, Kevin. Aging in the Third World. Washington, D.C., U.S. Department of Commerce, Bureau of the Census, 1988.

_____ Living arrangements of the elderly; a cross national data comparison. Paper given at the International Conference on Population Aging, San Diego, California, 1993.

Kinsella, Kevin *and* C. M. Taeuber. An aging world II. Washington, D.C., U.S. Department of Commerce, Bureau of the Census, 1993.

Knodel, J., Chayovan Napaporn *and* Siriboon Siriwan. The familial support system of Thai elderly; an overview. *Asia-Pacific population journal* 7:3, 1992.

Knodel, J., Saengtienchai Chanpen *and* Sittitrai Werasit. The living arrangements of Thai elderly; views of the populace, *Journal of cross-cultural gerontology*, 1944.

Laczko, F. Older people in Eastern and Central Europe; the price of transition to a market economy. K. Payne, *ed*. London, 1993.

Lakiza-Sachuk, N. Family breaks in Ukraine in the conditions of socio-economic crisis. Paper presented at the World NGO Forum Launching the International Year of the Family, Valletta, Malta, 28 November-2 December 1993.

Laslett, P. Family life and illicit love in early generations. Cambridge, Cambridge University Press, 1977.

Lopez, M. The Filipino family as home for the aged. Ann Arbor, Population Studies Center, University of Michigan, 1991. (Comparative study of the elderly in Asia, report, 91-7)

Martin, L. Living arrangements of the elderly in Fiji, Korea, Malaysia and the Philippines. *Demography* 26:4, 1989.

Mason, K. Family changes and support of the elderly in Asia. *Asia-Pacific population journal* 7:13-32, 1992.

Mehta, K. Women's role in family support system.
Paper presented at the Workshop on Population Aging, National University of Singapore, sponsored by the Japanese Organization for International Cooperation in Family Planning, March 1994.

Mehta, K. *and others*. Living arrangements of the elderly in Singapore; cultural norms in transition. *Journal of cross-cultural gerontology*, 1994.

National economy of Ukraine in 1992. Kiev, Tekhnika, 1993.

Neysmith, S. M. *and* J. Edwardh. Economic dependency in the 1980s; its impact on Third World elderly. *Ageing and society* 4:1:21-44, 1984.

Parming, T. Long-term trends in family structure in Soviet Republics. *Sociology and social research* 63:3, 1979.

Pedich, W. Living conditions. *In* The elderly in eleven countries; a sociomedical survey. E. Heikkinen, W. E. Waters *and* Z. J. Brzezinski, *eds*. Copenhagen, World Health Organization, 1985.

Peek, P. *and* P. Antolines. Labour migration in the sierra of Ecuador; causes and incidence. Geneva, International Labour Organisation, 1980.

Perera, P. Aging of Sri Lanka population.
Paper presented at the Round Table on the Ageing of Asian Population sponsored by the Economic and Social Commission for Asia and the Pacific in collaboration with San Diego State University, Bangkok, 1992.

Population of Ukraine, 1992; demographic yearbook. Kiev, Tekhnika, 1993.

Quadaguo, Jills S. Aging, the individual and society. Lawrence, Kansas, University of Kansas, 1980.

Ramos, L. R. Growing old in São Paulo, Brazil. London, University of London, 1987.

_____ Family support for the elderly in São Paulo, Brazil. *In* Family support for the elderly; the international experience. Oxford, Oxford University Press, 1992. (World Health Organization monograph)

_____ Brazil. *In* Developments and research on aging; an international handbook. Westport, Connecticut, Greenwood Publishing, 1993.

Ramos, L. R., R. P. Veras *and* A. Kalache. Population ageing; a Brazilian reality. *Revista de Saude Publication* 21:3:211-224, 1987.

Ramos, L. R. *and* S. Goihman. Geographic stratification by socio-economic status. *Revista de Saude Publication* 23:6:478-492, 1989.

Ramos L. R. *and* P. Saad. Morbidity among the aged. *In* SEADE-Fundacão Sistema Estadual de Analise de Dados. São Paulo, SEADE, 1990.

Sachuk, N. The connection between health state of elderly people and their family status investigation. Moscow, Zdravoohranenie Rossijskoj Federatsii, 1984.

Singh, R. D. Labour migration and its impact on employment and income in a small farm economy. Geneva, International Labour Organisation, 1983.

Smith, P., Khoo Siew-Ean *and* P. Stella. The migration of women to cities; a comparative perspective. *In* Women in the cities of Asia. Boulder, Colorado, Westview Press, 1984.

Stoller, E. P. Males as helpers; the role of sons, relatives and friends. *Gerontologist* (Washington, D.C.) 30:2:228-235.

Sussman, M. B. The family life of old people. *In* Handbook of aging and the social sciences. New York, Van Nostrand Reinhold, 1985.

Tibbitts, Clark. Handbook of social gerontology; social aspects of aging. Chicago, University of Chicago Press, 1960.

Treas, J. Aging and the family. *In* Scientific perspectives and social issues. J. E. Birren *and* R.B. Sloane, *eds*. Eaglewood Cliffs, New Jersey, Prentice-Hall, 1975.

Tryfan, B. Family support to elderly people in Poland. *In* Family support for the elderly; the international experience. H. Kendig, A. Hashimoto and L. C. Coppard, *eds*. Oxford, Oxford University Press, 1992.

Union of Soviet Socialist Republics. Demographic yearbook of the USSR. Moscow, Finansy i Statistika, 1990.

Itogi vsesoyuznoj perepisi naselenija 1979 goda. Moscow, Central Statistical Office, 1983.

_____ USSR population in 1987. Moscow. Finansy i statistika 1988.

United Nations. Report of the World Assembly on Ageing, Vienna, 26 July to 6 August 1982. September 1982. 101 p. (A/CONF.113/31)
Sales no.: 82.I.16.

_____ Department of International Economic and Social Affairs. Ageing and urbanization; proceedings of the United Nations International Conference on Ageing Populations in the context of urbanization, Sendai, Japan, 12-16 September 1988. July 1991. 461 p. (ST/ESA/SER.R/109)
Sales no.: 91.XIII.12.

_____ The prospects of world urbanization, revised as of 1984-85. May 1987. 268 p. (ST/ESA/SER.A/101: Population studies no. 101).
Sales no.: 87.XIII.3.

_____ Department of International Economic and Social Affairs. The world aging situation; strategies and policies. August 1985. 301 p. (ST/ESA/150)
Sales no.: 85.IV.5.

_____ World population prospects, 1990. February 1991. 605 p. (ST/ESA/SER.A/120: Population studies no. 120)
Sales no.: 91.XIII.4.

_____ World population monitoring, 1990, with special emphasis on age structure. 1990. p. (ST/ESA/SER.A/126: Population studies no. 126)
Sales no.: 92.XIII.2.

United Nations. Economic and Social Commission for Asia and the Pacific. Population Ageing; review of national policies and programmes in Asia and the Pacific. New York, 1992. (Asian population studies series, no. 109)

United Nations. International Research and Training Institute for the Advancement of Women. The situation of elderly women. 1993.
Sales no.: 94.XVIII.3.

United Nations. Statistical Office. Statistical chart on world families. 1993. (ST/ESA/STAT/SER.Y/7)
Sales no.: 93.XVII.9.

United Nations Children's Fund. Central and Eastern Europe in transition, 1993; public policy and social conditions. November 1993. (Regional monitoring report, 1)

United States of America Department of Commerce. Population and health transitions. Washington, D.C., 1992. (International population reports)

Veras, R. P., L. R. Ramos *and* A. Kalache. Growth of the elderly population in Brazil; changes and consequences for society, *Revista de Saude Publication* 21:3:225-233, 1987.

Woodruff, Diana *and* James E. Birren, *eds*. Aging; scientific perspectives and social issues. New York, D. Van Nostrand, 1975.

Wu, C. Aging process and income security of elderly under reform in China.
Paper presented at the Round Table on the Ageing of Asian Population sponsored by the Economic and Social Commission for Asia and the Pacific in collaboration with San Diego State University, Bangkok, 1992.

Yatim, M. Population aging in Malaysia.
Paper presented at the Workshop on Population Aging, National University of Singapore, sponsored by the Japanese Organization for International Cooperation in Family Planning, March 1994.